

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Apprehended Violence Orders (AVOs): Health staff Responsibilities
<b>TYPE OF DOCUMENT</b>	POLICY
<b>DOCUMENT NUMBER</b>	SESLHDPD/309
<b>DATE OF PUBLICATION</b>	August 2020
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	National Standard 1 NSW Ministry of Health Policy Directive 'Domestic Violence – Identifying and Responding' PD2006_084
<b>REVIEW DATE</b>	August 2021
<b>FORMER REFERENCE(S)</b>	SESIH PD 206
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director, Population and Community Health
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<b>KEY TERMS</b>	Domestic violence, legal, reporting
<b>SUMMARY</b>	This policy outlines the responsibilities of SESLHD staff in situations where there is an Apprehended Violence Order in place for patients, either the protected person or the defendant.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**1. POLICY STATEMENT**

This procedure outlines the responsibilities of SESLHD staff in situations where there is an Apprehended Violence Order in place, whether the protected person or the defendant is a patient.

**2. BACKGROUND**

An Apprehended Violence Order (AVO) is a court order that aims to protect a person from another person that causes them to fear for their safety. An AVO can protect a person from violence or threats of violence, stalking, intimidation and harassment. It can also protect the property of the “protected person”.

There are two types of AVOs:

- 1. Apprehended Domestic Violence Order (ADVO)** - is made where the people involved are related, living together, in an intimate relationship, or have previously been in this situation. They can also include an ex-partner’s new partner.

In the case of an Aboriginal person or Torres Strait Islander, ADVOs can also be made where the people involved are part of the kin or extended family of the other person.

ADVOs are also available to people who are or have been in a dependent care arrangement with another person, including paid carers, and to people living in the same residential facility.

- 2. Apprehended Personal Violence Order (APVO)** – is made where the people involved are not related and do not have a domestic relationship, e.g. they are neighbours, friends or work together.

Plain English AVOs were introduced on 3 December 2016.

From 25 November 2017, all ADVOs are now nationally recognised and enforceable. This means NSW Police can enforce ADVOs made on or after this date in other Australian States and Territories and other States and Territories can enforce ADVOs made in NSW.

APVOs are not nationally recognised and enforceable. You must register an APVO interstate to have it recognised.

All AVOs contain three standard conditions. These conditions prohibit the following behaviour by the “defendant”:

- Assaulting, molesting, harassing, threatening or interfering with the Protected Person
- Stalking or intimidating the Protected Person
- Anyone in a domestic relationship with the Protected Person is also protected by these conditions. This may include the Protected Person’s children.

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Additional conditions may be included in the Order prohibiting the defendant from:

- Approaching the Protected Person
- Approaching or entering places where the Protected Person may live, work or go to
- Approaching the Protected Person, or places where the Protected Person may be, after drinking alcohol or taking illegal drug
- Damaging property and/or
- Any other conditions as agreed by both parties or decided by the court.

An AVO is not a criminal charge and will not appear on a defendant's criminal record. However, breaching a condition of an AVO is a criminal offence, the breach may be listed on the defendant's criminal record.

For the vast majority, AVOs are effective in reducing, or even eliminating negative behaviours such as physical assault, threats, harassment, stalking, verbal abuse and intimidation, even when the victim remains living with, or in contact with the defendant. Nevertheless, breaches are very common and can have serious and fatal consequences.

### 3. DEFINITIONS

**Domestic and family violence** generally refers to violent, abusive or intimidating behaviour carried out by an adult against a partner, former partner or family member to control or dominate that person.

This procedure generally refers to the victims as females and the perpetrators as males, given the greater prevalence of domestic violence experienced by women and the subsequent health impacts, but the principles can be applied for anyone experiencing domestic and family violence.

Throughout this document, the terms patient, client and consumer may be used interchangeably to acknowledge the varying preferences of people who give and receive services.

**Partner** is the person's spouse or domestic partner irrespective of gender.

**Defendant** is the person against whom an AVO is made.

**Protected Person** is the person for whose protection an AVO is made (including associated people such as children)

**A Breach of an AVO** occurs when the **defendant** acts in a way that is not allowed under the orders in the AVO.

### 4. RESPONSIBILITIES

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#### 4.1 Employees will:

- Where staff become aware an AVO is in place, they will clarify the conditions of the AVO and confirm if the patient is the protected person or defendant. Staff will document known details of the AVO clearly in the clinical record.
- Report to their line manager/supervisor seeking further guidance on the matter, which could include further consultation with appropriate health staff, services and relevant authorities and if appropriate making referrals.
- Where patients are identified as being defendants in an AVO, there is a duty of care towards the protected person to promote safety for them and any associated people (including children).
- Protect the confidentiality of the protected person and not compromise their safety.
- Not knowingly assist a defendant to breach an AVO.

#### 4.2 Line Managers will:

- Support staff in identifying and managing any issues in relation to AVOs for example contact arrangements that are not in breach of the orders.

#### 4.3 District Managers/ Service Managers will:

- Ensure this procedure is circulated and implemented.

## 5. PROCEDURE

- 5.1** If an AVO is identified, ask the patient (both protected persons and defendants) about the conditions of the AVO. Patients may wish to provide a copy of the order to staff. Details of the AVO must be recorded in the clinical record and any copies of AVO's obtained must also be held in the clinical record.
- 5.2** Where an AVO is in place, risk assessment and safety planning are to be undertaken as guided by policy [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding](#) details are to be clearly documented in the clinical record.
- 5.3** Where professional judgement identifies significant risk is posed as outlined in [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding \(Section 4.2 Reporting to police\)](#) staff are required to respond accordingly to policy. Staff are encouraged to discuss with the patient (if they are the protected person) whether they would like support in notifying the police. Consent should be sought where possible unless the risk assessment indicates consent should be overridden. For example if there is an immediate and serious threat to the protected person, their children, members of the public and/or staff.

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- 5.4 All risk assessments need to consider the safety and wellbeing of children and young people as outlined in [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding \(Section 4.5 Children and Domestic Violence\)](#). Health staff must consult the Mandatory Reporters Guide (MRG), the Child Wellbeing Unit (CWU) or make a report to Family and Community Services (FaCS) where staff have reasonable grounds to suspect a child or young person is at risk of harm and document on the clinical record.
- 5.5 **For a protected person**, if appropriate consult with them to identify any actions that staff could take to support their safety. For example develop a safety plan to be placed in the clinical record with identified actions.
- 5.6 **For a defendant**, it is the responsibility of staff to not knowingly assist a defendant to breach an AVO.

### 6. DOCUMENTATION

A progress note is to be completed to document any relevant AVO conditions and actions of staff.

### 7. AUDIT

N/A

### 8. REFERENCES

- [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding](#)
- [NSW Health Policy PD2013 007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
- [Crimes \(Domestic and Personal Violence\) Act 2007](#)
- [Just a Piece of Paper: Making your AVO work for you](#)
- [NSW Charter of Victims' Rights](#)

### 9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
August 2018	1	Minor review undertaken (updated with new number to align with SESLHD policy numbering – former reference PD 206
August 2018	1	Endorsed by Executive Sponsor
August 2020	2	Updated Executive Sponsor from Director, Primary Integrated Community Health to Director, Population and Community Health. Approved by Executive Sponsor. Published by Executive Services.